



Addressing Opioid Addiction and Overdose in New Orleans

A Community-Based Response to a National Epidemic



CITY OF NEW ORLEANS

October 2017

MITCHELL J. LANDRIEU, MAYOR

CITY OF NEW ORLEANS

One hundred and sixty-six New Orleanians succumbed to opioid addiction last year and lost their lives to overdose. This doubles the previous year's total, however the true scope of the epidemic reaches much further. For each death counted, we know many more are trapped by the disease of addiction, unable to break through the powerful dependency that so easily and predictably develops from opioid use. The epidemic permeates families who strain against the destructive forces of addiction. The disease can be all-consuming, tearing parents away from their children, ripping spouses from each other, and depleting family savings and morale. We have all been touched in one way or another by the opioid epidemic and have borne witness to the sense of helplessness it presents. The disease of addiction can make you feel powerless and alone.



You are not alone. As a community, we have the tools at hand to stem the epidemic and support loved ones suffering with addiction. Considerable institutional expertise is amassed in the allied health programs of Xavier, LSU, Tulane, Delgado, SUNO, UNO, Loyola, and Dillard Universities, in our state-of-the-art hospitals including University Medical Center and the Southeast Louisiana Veterans Health Care System, in the behavioral health professionals of Metropolitan Human Services District, at the Louisiana Public Health Institute, The Orleans Parish Coroner's Office, and the dedicated staff of addiction treatment centers such as Odyssey House and Bridge House/Grace House. More powerful yet, we have the strength of vibrant neighborhoods, houses of worship, and our collective resiliency to bolster one another. In New Orleans, we know how to support each other in times of need.

Addressing Opioid Addiction and Overdose in New Orleans: A Community-Based Response to a National Epidemic aims to empower each of us to make a difference in the lives of those touched by opioid addiction, and leverages our medical, public health, and criminal justice systems to best support those efforts. We envision a local response to the opioid epidemic that is evidence-based, compassionate, and rooted in the strength of our community. As you read, I invite you to consider the many ways you can help our community overcome opioid addiction.

Sincerely,

A handwritten signature in blue ink that reads "mitch". The signature is stylized and cursive.

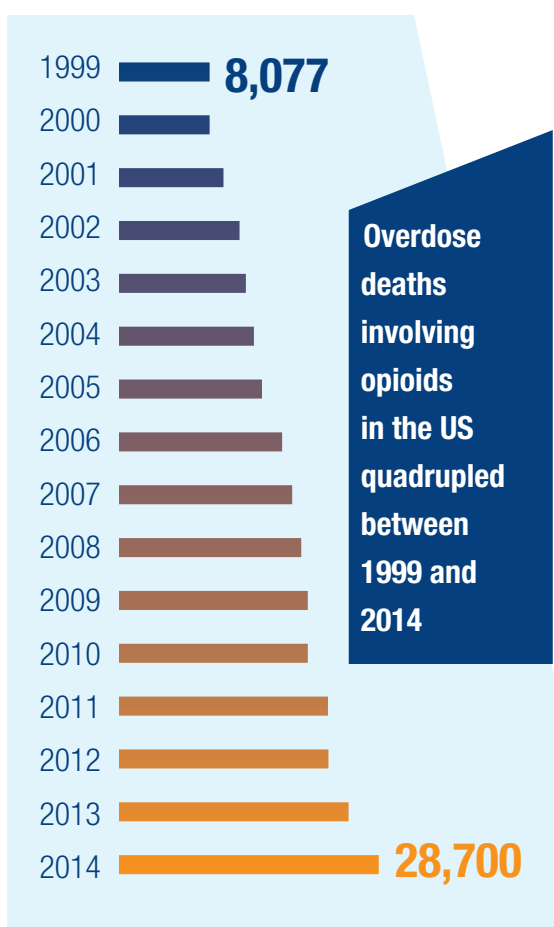
Mitchell J. Landrieu, Mayor
City of New Orleans

How did we get here?

The opioid crisis has overwhelmed communities nationwide. The term epidemic denotes a widespread disease outbreak affecting a large population with risk of overwhelming public health infrastructure; we use the term here with full intention to describe the startling

increase of opioid addiction and overdoses seen throughout the country. Overdose deaths involving opioids in the U.S. quadrupled between 1999 and 2014, filling coroners' offices to capacity and receiving near-nightly news coverage. Communities awoke to a heroin and prescription painkiller epidemic long-brewing just below the surface of polite discourse. Physicians, receiving misleading information from pharmaceutical companies attesting to opioids' purported safety and responding to a national campaign to better address patient suffering and treat pain as the "fifth vital sign," began prescribing painkillers in record numbers—enough for every American to have a bottle. For many patients, chronic opioid use, even as prescribed by their doctors, leads to physiologic dependence and addiction.

As the addictive potential of opioids became better understood, physicians began curtailing prescriptions; opioid prescriptions in the U.S. peaked in 2010 and have decreased every year since. However, many patients were caught in the middle, prone to torturous withdrawal



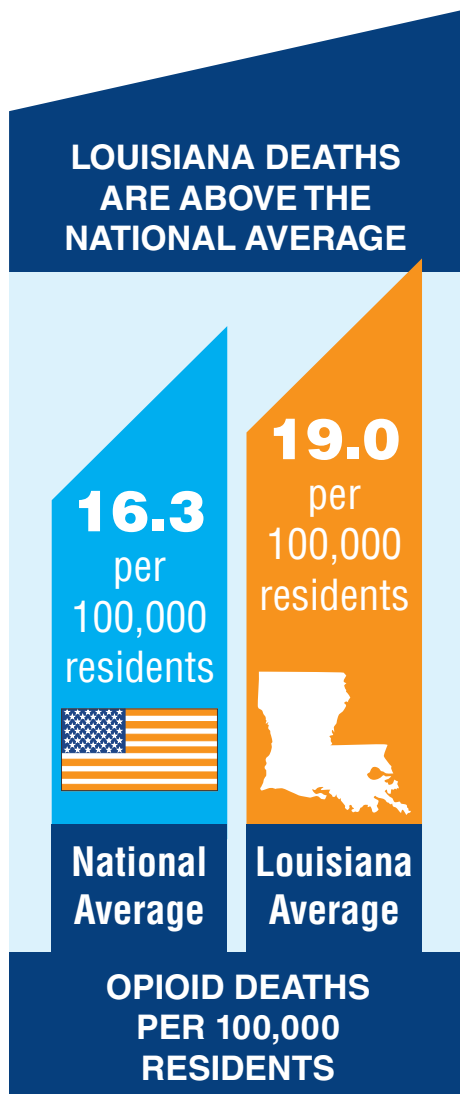
How did we get here? (continued)

symptoms if left without opioids but finding it more difficult to obtain legitimate prescriptions. Addiction led some patients to obtain opioids from other sources. Illicit painkillers, either diverted from leftover supplies in household medicine cabinets or imported as counterfeit pills, began flooding the black market, along with increasingly potent and inexpensive varieties of injectable heroin. Overdoses spiked, as did the spread of blood-borne diseases associated with unsterile injection equipment (new cases of hepatitis C tripled nationally from 2010 to 2015).

The epidemic has permeated neighborhoods and all racial, socioeconomic, and age groups. With an estimated 38% of the adult noninstitutionalized population having used prescription opioids in 2015 and 49% having a friend or relative addicted to prescription opioids, the epidemic has become terrifyingly personal for families across America.

While not reaching the level of some Appalachian and Rust Belt states, Louisiana has nonetheless been hit hard by the opioid epidemic. Overdose deaths statewide have increased steadily since 1999 and in 2015 reached a rate of 19 deaths per 100,000 residents, surpassing the national average of 16.3. Louisiana physicians led the nation in opioid prescriptions in 2012-2013 at 122 prescriptions per 100 residents; this rate has since declined to 103 prescriptions per 100 residents but remains well-above national average. Access to addiction treatment has traditionally been limited and wrought with racial inequity. When compared to other states, Louisiana consistently ranks among the worst in population health metrics—falling to 50th out of 50 in *America's Health Ranking's* 2015 report—complicating opioid response and all other public health initiatives.

However, Louisiana has invested significantly in recent years to help combat the epidemic. A robust prescription-monitoring program is maintained by the Louisiana Board of Pharmacy, allowing physicians to query a patient's controlled substance history before considering subsequent prescriptions. Recently-enacted legislation now mandates physicians perform such queries as a prerequisite to prescribing opioids and imposes a 7-day limit on most new opioid prescriptions. The state has received federal funding exceeding \$11 million to address the opioid epidemic and is working to coordinate a response between the Louisiana Department of Health's Office of Behavioral Health, the Human Services Districts, the state Drug Policy Board, and the newly-enacted Advisory Council on Heroin and Opioid Prevention and Education.



Medicaid expansion has extended mental health and substance use disorder coverage to an additional 433,000 Louisianans to date.

In New Orleans, increases in overdose deaths have mirrored spikes in cities across the country. Early-warning alerts from New Orleans Emergency Medical Service (EMS) of increased overdose cases led the New Orleans Health Department (NOHD) to issue a parish-wide Public Health Advisory in January 2016, alerting residents to the spike and initiating emergency response measures. Cases subsequently declined but remained considerably higher than years prior, totaling 211 of all drug overdose deaths in 2016 and surpassing homicides for likely the first time in the city's history. Opioids were involved in 166 of these deaths, a doubling from the year prior. As in most other cities, powerful synthetic heroin analogs such as fentanyl are seen with increasing prevalence, often unbeknownst to injection drug users. EMS and NOHD have worked closely with the New Orleans Police Department (NOPD), Coroner's Office, outreach teams, emergency departments, behavioral health agencies, and addiction treatment facilities to monitor for additional spikes in overdose cases.



Successes To-Date

Expanding access to naloxone:

In response to overdose spikes in January 2016, NOHD issued a parish-wide standing order for naloxone, enabling any resident to obtain the overdose-reversal medication at participating pharmacies without need for a separate prescription. EMS and the New Orleans Fire Department (NOFD) were both early-adopters of first-responder naloxone use and, with the creation of the standing order, this safe and effective antidote was made available to the general population. NOHD-led education teams provided on-site training to outreach teams, homeless agencies, and medical clinics. Additionally, the Metropolitan Human Services District Medication Assisted Treatment Prescription Drug and Opioid Addiction (MHSD MAT PDOA) Grant funds naloxone kits for distribution at Metropolitan Human Services District (MHSD) clinics and at the sites of partnering addiction programs for the grant. The naloxone standing order is widely recognized as a leading best-practice strategy in the prevention of overdose deaths and, in 2017, the Louisiana Department of Health extended the standing order to pharmacies statewide.



Increasing access to treatment:

Local behavioral health agencies and primary care clinics have aggressively pursued funding opportunities to increase the accessibility of addiction treatment. In 2016, federal grants totaling \$3.4 million were awarded to local agencies to expand medication-assisted treatment (MAT) services. MHSD, the state-sanctioned “local governing entity” for coordinated behavioral health care, employs addiction and mental health specialists throughout the tri-parish areas of Orleans, St. Bernard and Plaquemines. MHSD serves as the local sub-recipient of the MAT PDOA \$3 million Substance Abuse and Mental Health Services Administration (SAMHSA) Grant for the provision of addiction treatment services, resource coordination, naloxone distribution, and linkage to residential and other intensive treatment resources. The primary goal of the grant is to connect individuals and their families to on-demand treatment resources, accessed by walking into any of the MHSD clinics or by calling either a dedicated appointments and referrals line **(504) 568-3130** or a 24-hour crisis response hotline **(504) 826-2675**.

“Any resident [may] obtain the overdose-reversal medication at participating pharmacies without need for a separate prescription.”

Reducing the stigma of addictive disorders:

In recognition of the unfortunate stigma all too often associated with addictive disorders, partners throughout the Greater New Orleans area have come together to advocate on behalf of patients and families affected by opioid addiction. The NOHD, in conjunction with MHSD, operate the Behavioral Health Council, an interdisciplinary body comprising over 50 local organizations, stakeholders, and civic leaders throughout the metro area. The Council serves to potentiate behavioral health resources, coordinate services across disparate fields, and collectively advocate on behalf of those suffering from addictive disorders. In July 2017, the Behavioral Health Council hosted a large public forum, inviting patients, families, and other community members to discuss the current state and future priorities of mental health and substance use disorder care. As part of this event, layperson naloxone use was discussed in depth and a live instructional demonstration was conducted. The Behavioral Health Council is working to further reduce the stigmatization of addictive disorders by reducing its criminalization. A pre-booking deflection program supported by the MacArthur Safety and Justice Challenge and the U.S. Department of Justice will divert those suffering from substance use disorders from jail, into supportive care and treatment.

Blueprint for Further Action

Immediately save lives by:

- 1** Enabling the New Orleans Police Department (NOPD) to administer naloxone to overdose victims
- 2** Expanding current mass media campaigns to educate the community on overdose prevention and addiction treatment
- 3** Increase options for safe medication disposal to get unwanted prescription opioids out of homes quickly
- 4** Engage pharmacies to increase opioid counseling at time of medication dispensing
- 5** Link nonfatal overdose victims in the emergency department directly with treatment resources





Enabling the New Orleans Police Department (NOPD) to administer naloxone to overdose

victims. The overdose reversal medication naloxone is safe, effective, and appropriate for layperson use. Common forms of naloxone include a nasal spray and an auto-injector cartridge with intelligent voice guidance. As medical first responders, NOFD and New Orleans EMS routinely carry and administer naloxone to patients suspected of overdosing. However, sometimes police arrive on scene first. Following well-established national best practices, NOPD will equip officers with naloxone, and New Orleans EMS will provide officers training in overdose recognition and immediate resuscitative efforts including naloxone administration. Once in place, these protocols will empower the honorable men and women of the NOPD, all dedicated to protecting the lives of New Orleanians, to accomplish even more.



Expanding current mass media campaigns to educate the community on overdose prevention and addiction treatment.

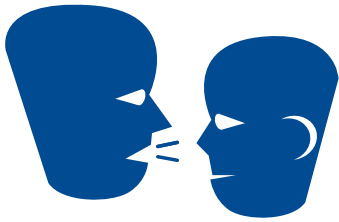
As the opioid epidemic permeates neighborhoods, community members will play an ever-increasing role supporting friends, family members, coworkers, and neighbors suffering from addiction. To empower all of us to help a loved one in need, consumer-directed public education and awareness campaigns will build on current efforts to disseminate information on the dangers of opioid use, naloxone administration and initial overdose resuscitation, signs a loved one may be suffering from addiction, appropriate emotional support, and addiction treatment resources. As a community, we will equip ourselves to best love and support those among us caught in the throes of opioid addiction.



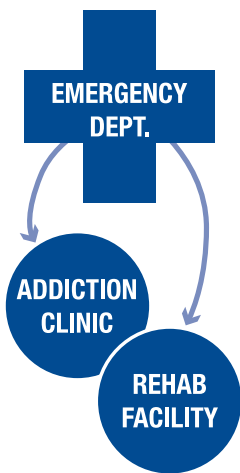
Increase options for safe medication disposal to get unwanted prescription opioids out of homes quickly.

Old, leftover prescriptions stored in medicine cabinets can be taken accidentally, ingested by children, or stolen and diverted to the black market. Removing old and unneeded prescription medications from homes, particularly controlled substances, is a well-recognized, best-practice strategy to reduce the supply of illicit painkillers and prevent accidental overdoses. To make it easier for residents to remove unwanted prescription medications from their homes, NOPD and City officials will partner with federal and state partners, as well as local pharmacies to increase the number of safe medication disposal sites throughout the community. The Office of Neighborhood Engagement will assist in community education of new disposal locations.

Blueprint for Further Action *(continued)*



Engage pharmacies to increase opioid counseling at time of medication dispensing. Our local pharmacies serve as a key health partner and are an often underutilized resource. For many patients, pharmacies are also their initial entry point into a course of oral opioids. Pharmacists are well-trained to counsel patients on safety risks of painkillers and overdose prevention. With coordinated engagement and thoughtful connections to the local addiction and treatment community, pharmacists can more effectively counsel patients when filling opioid prescriptions and provide those exhibiting signs of addiction with direct referral to treatment centers.



Link nonfatal overdose victims in the emergency department directly with treatment resources. Evidence shows the likelihood of overdosing is reduced once engaged in evidence-based opioid addiction treatment, such as medication-assisted treatment (MAT). Most survivors of opioid overdoses who are treated in emergency departments are discharged and encouraged to follow up with outpatient addiction treatment resources of their own volition. For those in the grips of addiction, this can be a difficult transition. Many never make it to treatment. We can do more to ensure the transition of care from emergency department to addiction clinic or rehab facility is as robust and supportive as possible. NOHD has secured a small grant from the Bureau of Justice Assistance to link emergency room opioid overdose survivors to treatment. The grant is for \$298,706 for three years (through October 2020). Other funding opportunities will be explored to create outreach teams, employing peer support specialists to engage with survivors of opioid overdoses directly in the emergent department, coordinate timely referral to treatment resources, and provide supportive care throughout the transition.

“Many overdose survivors never transition to outpatient treatment. We can do more.”

Inform Our Response Efforts



Improving real-time data analytics capacity and creating an overdose and addiction dashboard. A data-informed approach to outreach efforts, naloxone deployment and addiction treatment availability will be essential to best coordinate and potentiate available resources. Key measures, such as 911 calls for overdose, first responder naloxone administration, overdose victims treated in emergency departments, overdose deaths, patients currently receiving addiction treatment, capacity of addiction treatment resources, and patients diverted from incarceration into addiction treatment will be collected in a central depository and displayed in a real-time dashboard. GIS mapping of overdose incidents will help inform and guide outreach efforts throughout the city. Decision-makers and community members alike will be empowered to track the citywide opioid response effort.



Designate a Lead Opioid Response Officer to help coordinate citywide efforts. With ongoing interventions spanning multiple departments and agencies, central coordination of efforts will be necessary to avoid duplication and best direct available resources. Designating a Lead Response Officer for the City will allow for centralization of communications, robust oversight of response efforts, and swift response to changing facets of the epidemic.



Maximize our support network

**Hold regular
public forums**

**Meet to guide
policy and
coordinate
resources**

**Advocate for
dedicated
funding**

Hosting regular public forums to update the community on opioid response efforts. A well-informed community will stand best equipped to help those in need. In conjunction with MHSD, the Lead Opioid Response Officer will host regularly scheduled public forums inviting community members to join and receive updates on the local response efforts and discuss ongoing challenges and emerging needs. Community members play an essential role in the opioid epidemic—it is our own friends and family we see struggling with the disease of addiction. Community members need up-to-date information on the state of the epidemic and available resources, and City officials, medical professionals and the criminal justice network need to hear first-hand how neighborhoods are being affected. Often the best solutions to complex public health challenges come from those closest to the victims. Creating an open line of dialogue between community members and those working on the front lines of the epidemic will be essential to guiding our response to this epidemic.

Convene experts and local stakeholders to guide policy and coordinate resources. An effective response to the opioid epidemic must be informed by the experience and expertise of local stakeholders. Experts from addiction treatment centers, hospitals and pharmacies, law enforcement, and leaders of the faith-based community will convene to offer feedback on local efforts and policies related to the opioid epidemic. We will lean on the considerable expertise and experience amassed in our public and private institutions to gather best practices and set long-term opioid response strategy.

Advocate for dedicated funding to increase access to treatment. Addiction is a treatable disease yet local treatment centers are overburdened and unable to accommodate all who need their services. Waitlists are a common prerequisite for individuals and families wishing to initiate residential treatment. While as a community we have been successful in procuring available federal and state funding to increase treatment resources, opportunities to identify additional funding sources can be explored further. The President's Commission on Combating Drug Addiction and the Opioid Crisis identified common-sense solutions to bolster responses in cities across the country however, to date, the Commission's suggestions sit idle and not acted upon. As small investments in treatment can produce large returns in decreased police and EMS utilization, decreased hospitalizations and incarcerations, and a more productive workforce, the community will work to identify more robust funding sources for addiction treatment.

Reduce the stigma of addictive disorders

**Decriminalize
addiction**

**Reduce
the spread of
blood-borne
diseases**

**Address
homelessness**

Supporting efforts to decriminalize addiction. Addiction is a disease of the brain, not an act of criminality. Those suffering from addiction are best served not by incarceration but by counseling, peer-support networks, medication-assisted treatment, and other evidence-based treatment strategies. The City will continue to support efforts, such as the ongoing MacArthur Safety and Justice Challenge, that aim to deflect individuals suffering from addictive disorders from jail, and towards supportive case management and evidence-based medical treatment. Furthermore, collaborative partnerships will be forged between Criminal District Court, Orleans Parish Sheriff's Office, and the addiction treatment providers to link individuals being released from incarceration directly to community treatment resources.

Reducing the spread of blood-borne infectious diseases such as HIV and Hepatitis C.

Those suffering from opioid addiction are at an increased risk of contracting infectious diseases through the use of unsterile injection equipment. Of particular importance, rates of Hepatitis C have tripled nationally between the years 2010 and 2015 in large part due to the opioid epidemic and prevalence of injection drug use. Syringe service programs (SSPs), sometimes referred to as needle-exchange clinics, help prevent the spread of infectious diseases while abating injection equipment litter accumulation. Evidence shows SSPs also provide a valuable pathway into treatment and, in other cities, have resulted in more people being connected to the addiction treatment they need. In response to recently-enacted state legislation clarifying the legality of SSPs, City officials will work to ensure the SSPs currently operating in New Orleans are best enabled to make a difference in the lives of those suffering with opioid addiction.

Addressing homelessness among those suffering from opioid addiction. For our neighbors living without steady housing, substance use disorders often create a seemingly inescapable cycle of jail, hospitals and street life. This issue is most visible beneath overpasses and on downtown streets where littered injection equipment accumulates as evidence of a festering epidemic. The City will work with homeless agencies to ensure Housing First programs are maximally leveraged to provide residents a roof over their head quickly and then connection to supportive services. Outreach and "street medicine" teams can better coordinate with emergency departments and EMS, clinics and addiction treatment facilities, case workers, and peer support specialists to better connect homeless individuals with available resources and support their pathway to recovery.

Glossary of Terms

Buprenorphine: Generic name of Suboxone, a type of opioid addiction treatment medicine commonly used in medication-assisted treatment (MAT).

Fentanyl: A synthetic opioid significantly more potent than morphine or heroin. It is believed fentanyl is now deliberately mixed with heroin by drug cartels to increase the strength of a batch or allow for more product to be made from a batch. Evidence of fentanyl has been found in a growing share of overdose deaths, either mixed with heroin or by itself.

Heroin: An opioid drug synthesized from morphine, a naturally occurring substance extracted from the opium poppy plant.

Medication-Assisted Treatment (MAT): Combines behavioral therapy and medications to treat substance use disorders such as opioid addiction. Methadone, buprenorphine (Suboxone) and naltrexone (Vivitrol) are some medications used in MAT to treat opioid addiction.

Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA) Grant: Funded by The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded, the grant program helps states expand or enhance their treatment systems to improve access to evidence-based MAT services.

Methadone: A long-acting medication used in MAT for opioid addiction, often taken as an oral solution in specially-designated clinics.

Metropolitan Human Services District (MHSD):

The state-sanctioned “local governing entity” responsible for developing, supporting, and sustaining vulnerable residents in Orleans, Plaquemines, and St. Bernard parishes. MHSD helps coordinate mental health and substance use disorder treatment resources in New Orleans. In addition to clinics throughout the parish, MHSD operates a general information and referral hotline (504) 568-3130 and a dedicated 24-hour crisis response hotline (504) 826-2675.

Naloxone: Generic name for the opioid-overdose reversal medication, also known by the brand name Narcan. This medication is extremely safe, has no addictive potential, and is appropriate for layperson use. It can be administered as a nasal spray, intramuscular injection, or via a brand-name auto-injector with intelligent voice guidance called Evzio. Any overdose victim who receives naloxone still requires transportation to the emergency department. Naloxone is currently available without a prescription at pharmacies throughout Louisiana.

Naltrexone: A medication used in MAT that helps prevent opioid cravings. A pilot program of the Louisiana Department of Corrections is currently investigating the effectiveness of administering a long-acting injectable form of naltrexone known by the brand name Vivitrol to individuals upon their release from custody of state prisons.

Opioid: A compound or drug that binds to receptors in the brain involved in the control of pain.

Opioids can be categorized as naturally-occurring opiates such as morphine, opium, and codeine, or synthetically manufactured substances such as oxycodone, hydrocodone, and fentanyl. All opiates are opioids, but not all opioids are opiates. Heroin is a semi-synthetic opiate derived from other naturally-occurring opiates.

Peer Support Specialist: A person willing to self-identify as having a serious mental health or addictive disorder condition with lived, personal experience. Specific training and/or specialized certification is typically provided to these individuals. Their purpose is to support others in the recovery process.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Individuals with severe and chronic substance use disorders can, with help, can overcome their substance use disorder and regain health and social function.

Substance Abuse and Mental Health Services

Administration (SAMHSA): The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health (mental illness and addiction) of the nation.

Substance Use Disorder: A medical illness caused by repeated misuse of a substance or substances causing clinically significant impairments in health, social function, and control over subsequent substance use. Substance use disorders are diagnosed through assessing cognitive, behavioral, and psychological symptoms. Severe substance use disorders are commonly referred to as addictions.

Syringe Service Programs (SSPs): Also known as needle-exchange clinics, these programs work to reduce the spread of infectious diseases such as Hepatitis C and HIV by removing used injection equipment from circulation. Numerous studies have shown SSPs do not lead to an increase in drug use, an increase in crime, or an increase in street litter. In fact, by offering referral to addiction treatment at every client encounter, SSPs have been shown to actually reduce the number of active injection drug users in a given area.

Tolerance: A condition in which higher doses of a drug are required to produce the same effect achieved previously. Opioids are notorious for producing physiologic tolerance, requiring patients to use higher and higher doses to achieve the same degree of pain control experienced initially. Individuals with sustained, chronic use of opioids frequently find it very difficult to discontinue the medications. This is one of the reasons opioid painkillers are highly addictive.

Withdrawal: Unpleasant symptoms occurring after chronic use of a drug is abruptly reduced or discontinued. This can include negative emotions such as stress, anxiety, and depression, as well as physical effects such as nausea, vomiting, and cramping. Withdrawal symptoms often lead an individual to seek out and use the substance again, abating the unpleasant symptoms. While opioid withdrawal is typically not fatal, it can be agonizingly torturous.

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A Community-Based Response to a National Epidemic

METROPOLITAN HUMAN SERVICES DISTRICT

CLINICS, GENERAL INFORMATION &
REFERRAL HOTLINE

504.568.3130

24-HOUR CRISIS
RESPONSE HOTLINE

504.826.2675



CITY OF NEW ORLEANS